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Original communication

Retrospective study of positive physical torture cases in Cairo (2009 &2010)

Sherein Salah Ghaleb [a,b], Ekram Mohamad Elshabrawy [a], Magda Helal Elkaradawy [c], Nermeen Nemr Welson [a,*]

[a] Faculty of Medicine, Benisuef University, Egypt
[b] Faculty of Medicine, Cairo University, Egypt
[c] Ministry of Justice, Egypt

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ABSTRACT

Torture is the most serious violation of a person's fundamental right to personal integrity and a pathological form of human interaction. In this study, the prevalence of torture in Cairo during the years 2009 & 2010 is 10.97% of the total number of cases examined at the medico legal authority of Egypt in Zenhom (11.29% in 2010 & 10.36% in 2009). The number of cases under this study is 367 (175 cases in 2009, 192 cases in 2010). Torture is more prevalent in the year 2010 than in the year 2009. The largest prevalence of torture was found in the area of south Cairo (120 cases; 32.7%) while the least was found in the area of west Cairo (50 cases; 13.6%). The victims included 336 males (91.6%) and 31 females (8.4%) with male to female ratio 10.8: 1. The most commonly affected age group in the studied victims was the age group of the third decade (171 cases; 46.6%) while the least was the age group above the sixth decade (6 cases; 1.6%). The most commonly affected site of injury was head & neck (243 cases; 66.2%) while the least was abdomen (17 cases; 4.6%). The most common type of injury was bruises (258 cases; 70.3%) while the least was electrocution (5 cases; 1.4%). Regarding the causal instrument, the most commonly used instrument was blunt object (333 cases; 90.7%) while the least was electric current (5 cases; 10%). Hitting with a stick leaving the characteristic shape of elongated abrasion & bruises was found in 35 cases (9.5%) and characteristic lesion of handcuff, which is blunt trauma wounds around wrists or ankles, was found in 68 cases (18.5%). There was one case of hair torture (0.3%) & 5 cases of sexual torture (1.5%). Permanent infirmity left in victims was positive in 24 cases (6.5%) and negative in 343 cases (93.5%) while deformity left in victims was positive in 10 cases (3%) and negative in 357 cases (97%). All permanent infirmity cases were male. Of the 24 cases of permanent infirmity, 83.3% were subjected to blunt trauma and 79.2% were injured in the upper limbs & this is statistically significant.

1. Introduction

Torture is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for obtaining information or a confession, punishing or intimidating or coercing.[1] Torture has been defined by other organizations, such as the World Medical Association, and by individual countries in their national laws, but the UN definition is the most applicable and widely accepted for governments.[2] Amnesty International, in a worldwide survey in 2000, found that 75% of countries practice torture systematically despite the absolute prohibition of torture and cruel and inhuman treatment under international law, even though these countries have signed the CAT.[3] The Istanbul Protocol is a manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment. It includes modules for medical, psychological, and legal professionals. The Protocol was approved as an International instrument by the General Assembly of the United Nations resolution.[4] Forms of torture can be blunt trauma (crushing, whipping, beatings), penetrating injuries (stab wounds, firearm injuries), electric shocks, suspension, burns (thermal, chemical), asphyxiation, sexual violence, psychological or pharmacological.[5] All of the victims of physical abuse show some acute injuries, sometimes temporary, such as bruises, hematomas, lacerations, cuts, burns, and fractures of teeth or bones, if examined

* Corresponding author. Faculty of Medicine, Benisuef University, Benisuef, Egypt. Tel.: +20 1157000233.
E-mail address: nermeennemr@yahoo.com (N. Nemr Welson).

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close to the trauma episode. Chronic physical consequences can be chronic, long-lasting, pain experienced in multiple sites, Permanent lesions, such as skin scars on different parts of the body, temporary or permanent disability or permanent infirmities.[6] The mental health consequences of torture to the individual are usually more persistent and protracted than the physical aftereffects. The psychological problems most often reported are psychological symptoms (anxiety, depression, irritability/aggressiveness, emotional liability, self isolation, withdrawal); cognitive symptoms (confusion/disorientation; memory and concentration impairments); and neurovegetative symptoms (lack of energy, insomnia, nightmares, sexual dysfunction).[2] Social and familial health consequences may occur as there is loss of normal life development due to lost time in prison or waiting for final resettlement. Delays may occur in education, marriage, or accumulation of wealth.[7] Treatment for torture survivors ideally requires a multidisciplinary approach, since the squeals of torture are acute and chronic, and may include physical, psychological, cognitive and socio-political problems. Treatment also requires a long-term approach. The approaches are many, little consensus exists, and treatment effectiveness has not been scientifically validated by treatment outcomes studies.[2]

The aim of this study is to assess prevalence of torture in Cairo during the years 2009 & 2010 according to area, age, sex, site of lesion, type of injury, causal instrument, done investigations, left deformity and permanent infirmity.

2. Subject & methods

2.1. Subject

This study is a retrospective study including all positive physical torture cases registered in Cairo governorate from the start of the year 2009 till the end of the year 2010 in the medico legal authority in Cairo which is an official foundation supervised by the Egyptian ministry of justice. The cases are referred from the prosecution after reporting in the police station.

In this study, torture is defined according to the United Nations convention against torture which is the most accepted definition internationally. Torture cases were found in a retrospective review of all records. Torture was defined by the medical examiner and only the cases that have physical injuries which are highly consistent with the history of torture according to Istanbul protocol are included in the study. Any fabricated wounds or wounds that can be caused by many other causes rather than the history of torture taken from the patient (according to Istanbul protocol; wounds consistent with the history of torture but can be caused by many other reasons) are excluded. Psychological torture is not included in this study. The motive in the complainants' attending the center is mainly to gain a documented certificate to preserve their rights in the court.

Cairo governorate consists of the following areas: **Area of East Cairo**; Masr Al Gdeda, Madent Nasr, Al Mataria, Al Marg, Al Zyton, Hadaek Al Qoba, Al Gamalia, Mnshiat Nasr, Ein Shams, and Al Nozha. **Area of West Cairo**; Madent Nasr 2, Al Qahera Al Gadeda, Al America, Al Salam, and Estinaf. **Area of North Cairo**; Al Sahel, Rod Al Farag, Al Azbakia, Al Sharabia, and Shobra. **Area of Mid Cairo**; Al Mosky, Bolak, Abdeen, Al Zaher, Al Zawia, Bab Al Shiria, Kasr Al Nile, and Al Waily. **Area of South Cairo**; Al Khalifa, Msr Al Kadema, Helwan, Al Maady, Al Sayda Zenab, Al Darb Al Ahmar, Al Basateen, Mayo, and Al Teen.

3. Methods

All positive physical torture cases were thoroughly reviewed from medico legal authority records regarding the following items:

1. Demographic data about the victims including, sex, age, residence.
2. Site of lesion (Upper Limb, Lower Limp, Chest, Abdomen, Head & neck and Back).
3. Type of injury (Abrasion, Bruises, Lacerated, Cut wound, Firearm, Burn and Electrocution)
4. Causal instrument (Blunt, Sharp, Pointed, Hot object and Electric current).
5. Characteristic lesions (Stick and Handcuff) which are blunt trauma leaving typical injuries.
6. Investigations that have been done
7. Deformity or permanent infirmity.

3.1. Statistical analysis

The collected data was organized, tabulated and statistically analyzed using SPSS software statistical computer package version 15.

Categorical variables are summarized using counts and proportions. Chi (χ^2) square was used as a test of significance. Statistical significance was when probabilities were less than 0.05.

P value: <0.001 is considered Highly Significant.
P value <0.05 is considered Significant.
P value >0.05 is considered Non-Significant.

4. Results

In this study, prevalence of torture in Cairo during the years 2009 & 2010 is 10.97% of total number of cases examined at the medico legal authority of Egypt in Zenhom (11.29% in 2010 & 10.36% in 2009) taking in consideration that not all the torture victims reach the authority as they may be afraid to report about torture in the police stations. The other work of the authority is on other criminal cases to examine and document their injuries. The present study included 367 positive physical torture cases in Cairo during the years 2009 & 2010; 175 cases in 2009 & 192 cases in 2010. The largest prevalence of torture was found in the area of south Cairo (120 cases; 32.7%) while the least was found in the area of west Cairo (50 cases; 13.6%) Table 1.

Torture occurs mainly in the police stations but it occurred during arrest or in traffic committees by police officers and their assistants. The studied victims included 336 males (91.6%) and 31 females (8.4%) with male to female ratio 10.8: 1 Table 1 and Fig. 1.

The most common affected age group in the studied victims was the age group of the third decade (171 cases; 46.6%) while the least was the age group above the sixth decade (6 cases; 1.6%) Table 1.

Regarding the site of lesion, the most common affected site was head & neck (243 cases; 66.2%) while the least was abdomen (17 cases; 4.6%) Table 2, Fig. 2.

Table 1
Distribution of studied cases according to area, age & sex.

	No	%
Area		
East	85	23.2
West	50	13.6
Mid	55	15.0
North	57	15.5
South	120	32.7
Sex		
Male	336	91.6
Female	31	8.4
Age		
<20 years	30	8.2
21-30 years	171	46.6
31-40 years	119	32.4
41-50 years	41	11.2
>50 years	6	1.6

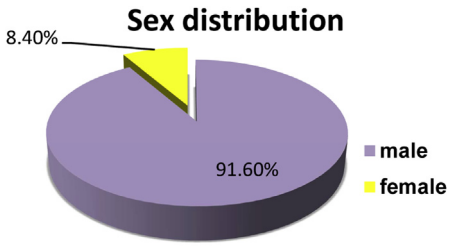

Fig. 1. Sex distribution of torture.

The most common type of injury was bruises (258 cases; 70.3%) while the least was electrocution (5 cases; 1.4%) Table 2.

Regarding the causal instrument, the most common used instrument was blunt object leaving non specific blunt trauma wounds as floor, wall, desk, boot or fist (333 cases; 90.7%) while the least common was electric current (5 cases; 1.4%) Table 2.

In blunt trauma injuries, there were some injuries that are typical to the history of torture as hitting with a stick and handcuffing. Hitting with a stick leaving the characteristic shape of elongated abrasion & bruises was found in 35 cases (9.5%) and characteristic lesion of handcuff, which is blunt trauma wounds around wrists or ankles, was found in 68 cases (18.5%) Table 2.

There was one case of hair torture (0.3%). This case was a female with her hair irregularly cut short. There were 5 cases of sexual torture (1.5%) in the form of anal penetration or electrocution of external genitalia Table 2.

Regarding done investigations (x-rays), they were positive in 65 cases (67.7%) showing fractures mainly nasal and negative in 31 cases (32.3%) Table 3.

The patients who had injuries liable to leave permanent infirmity were reexamined after 3–6 months for further evaluation.

Table 2
Classification of injuries according to site, type, causal instrument & characteristic lesion.

	No	%
Site of lesion		
Upper limb	187	51.0
Lower limb	113	30.8
Chest	58	15.8
Abdomen	17	4.6
Head& neck	243	66.2
Back	115	31.3
Type of injury		
Abrasion	199	54.2
Bruises	258	70.3
Lacerated	86	23.4
Cut wound	18	4.9
Firearm	8	2.2
Burn	25	6.8
Electrocution	5	1.4
Causal instrument		
Blunt	333	90.7
Sharp	17	4.6
Pointed	17	4.6
Hot object	25	6.8
Electric current	5	1.4
Characteristic lesion		
Stick	35	9.5
Handcuff	68	18.5
Hair torture		
Positive	1	0.3
Negative	366	99.7
Sexual torture		
Positive	5	1.5
Negative	362	98.5

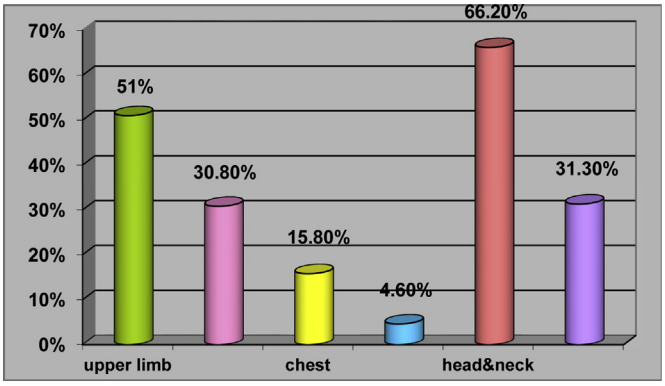

Fig. 2. Site of torture injury.

Permanent infirmity left in the victims according to the Egyptian law was positive in 24 cases (6.5%) and negative in 343 cases (93.5%). It was mainly nerve injury due to tough handcuffing. There were also a lot of teeth loss cases (the Egyptian law states that more than 3 teeth loss; it is a permanent infirmity but less; it is only deformity), movement disability and 1 case of spleenectomy after abdominal firearm injury. Table 3, Fig. 3 while deformity left in victims was positive in 10 cases (3%) and negative in 357 cases (97%) Table 3, Fig. 4.

Permanent infirmity and deformity were mainly in the form of teeth loss and impairment of limbs movement.

Regarding the relation of permanent infirmity to sex, permanent infirmity was found in 24 male cases (100%) out of 336 male cases and no permanent infirmity was found in female cases (0%) Table 4.

Regarding the relation of permanent infirmity (PI) to causal instrument; 12.5% of PI cases were affected by sharp object as glass (3 out of 17 cases who are affected by sharp object), 83.3%of PI cases were affected by blunt trauma as floor mainly (20 out of 333 cases who are affected by blunt object), 8.3% of PI cases were affected by pointed object; nails projecting from a stick (2out of 17 cases who are affected by pointed object), 25% of PI cases were handcuffed (6 out of 68 cases who were handcuffed) and it was in the form of nerve injury Table 5.

Regarding the relation of permanent infirmity (PI) to the site of lesion, 79.2% of PI cases had upper limb lesion (19 out of 187 cases with upper limb lesion) & this is statistically significant, 33.3% of PI cases had lower limb lesion (8 out of 113 cases with lower limb lesion), 54.2% of PI cases had head and neck lesion (13 out of 243 cases with head and neck lesion, (8.3% of PI cases had chest lesion (2out of 58 cases with head and neck lesion), 33.3% of PI cases had back lesion (8out of 115 cases with back lesion) and 4.2% of PI cases had abdomen lesion (1 out of 17 cases with abdomen lesion) Table 6, Fig. 5.

Table 3
Frequency of investigations, permanent infirmity and deformity.

	No	%
Investigation		
Positive	65	67.7
Negative	31	32.3
Permanent infirmity		
Positive	24	6.5
Negative	343	93.5
Deformity		
Positive	10	3.0
Negative	357	97.0

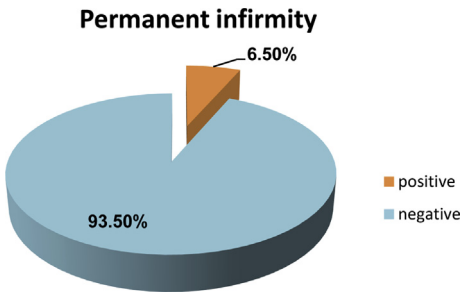

Fig. 3. Prevalence of permanent infirmity in the torture victims.

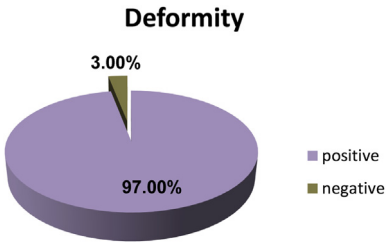

Fig. 4. Prevalence of deformity in the torture victims.

Regarding the relation of abrasion to causal instrument, 97.5% of abrasions cases were exposed to blunt trauma either non specific as wall, ground, fist, boot, … or specific pattern of injury as sticks or handcuffing (194 out of 333 cases who are affected by blunt object) & this is statistically significant, 7% of abrasions cases were exposed to pointed object; nails projecting from a stick (14 out of 17 cases who are affected by pointed objects), 9.5% of abrasions cases were exposed to hitting with a stick (19 out of 35 cases who were tortured by a stick) and 33.2% of abrasions cases were handcuffed (66 out of 68 cases who were handcuffed) & this is statistically significant Table 7, Fig. 6.

Regarding the relation of bruises to causal instrument; 97.7% of bruises cases were exposed to blunt object either non specific as wall, ground,… or specific pattern of injury as sticks or handcuffing (252 out of 333 cases who were affected by blunt object) & this is statistically significant, 3.5% of bruises cases were affected by pointed object; nails projecting from a stick (9 out of 17 cases who

Table 4
Permanent infirmity according to sex.

	Permanent infirmity				Total	
	Positive		Negative			
	No	%	No	%	No	%
Sex						
Male	24	100	312	91	336	91.6
Female	0	0	31	9	31	8.4
$\chi^2 = 2.369$					$p = .112$	

Table 5
Positive & negative permanent infirmity according to causative instrument.

	Permanent infirmity				Total	
	Positive		Negative			
	No	%	No	%	No	%
Sharp object						
Positive	3	12.5	14	4	17	4.6
Negative	21	87.5	329	95.9	350	95.4
$\chi^2 = 3.598$	$p = .091$					
Blunt object						
Positive	20	83.3	313	91.3	333	90.7
Negative	4	16.7	30	8.7	34	9.3
$\chi^2 = 1.674$	$p = .171$					
Pointed						
Positive	2	8.3	15	4.4	17	6.4
Negative	22	91.7	328	95.6	350	95.4
$\chi^2 = 0.796$	$p = .307$					
Stick						
Positive	0	0	35	10.2	35	9.5
Negative	24	100	308	89.8	332	90.5
$\chi^2 = 2.707$	$p = .083$					
Handcuff						
Positive	6	25	62	18.1	68	18.5
Negative	18	75	281	81.9	299	81.5
$\chi^2 = 0.712$	$p = .273$					

Table 6
Positive & negative permanent infirmity in different body parts.

	Permanent infirmity				Total	
	Positive		Negative			
	No	%	No	%	No	%
Upper limb						
Positive	19	79.2	168	49	187	51
Negative	5	20.8	175	51	180	49
$\chi^2 = 8.179$	$p = .003$					
Lower limb						
Positive	8	33.3	105	30.6	113	30.8
Negative	16	66.7	238	69.4	254	69.2
$\chi^2 = 0.078$	$p = .470$					
Head& neck						
Positive	13	54.2	230	67.1	243	66.2
Negative	11	45.8	113	32.9	124	33.8
$\chi^2 = 1.666$	$p = .143$					
Chest						
Positive	2	8.3	56	16.3	58	15.8
Negative	22	91.7	287	83.7	309	84.2
$\chi^2 = 1.077$	$p = .236$					
Back						
Positive	8	33.3	107	31.2	115	31.3
Negative	16	66.7	236	68.8	252	68.7
$\chi^2 = 0.048$	$p = .494$					
Abdomen						
Positive	1	4.2	16	4.7	17	4.6
Negative	23	95.8	327	95.3	350	95.4
$\chi^2 = 0.013$	$p = .693$					

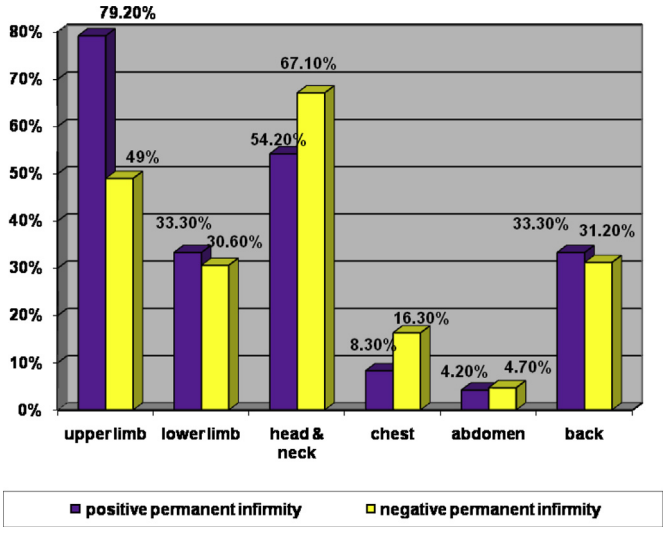

Fig. 5. Positive & negative permanent infirmity in different body parts.

Table 7
Positive & Negative abrasions according to causative instrument.

	Abrasions				Total	
	Positive		Negative			
	No	%	No	%	No	%
Blunt object						
Positive	194	97.5	139	82.7	333	90.7
Negative	5	2.5	29	17.3	34	9.3
$\chi^2 = 23.575$	$p = .000$					
Pointed object						
Positive	14	7.0	3	1.8	17	4.6
Negative	185	93.0	165	98.2	350	95.4
$\chi^2 = 5.683$	$p = .014$					
Stick						
Positive	19	9.5	16	9.5	35	9.5
Negative	180	90.5	152	90.5	332	90.5
$\chi^2 = 0.000$	$p = .569$					
Handcuff						
Positive	66	33.2	2	1.2	68	18.5
Negative	133	66.8	166	98.8	299	81.5
$\chi^2 = 61.699$	$p = .000$					

Table 8
Positive & negative bruises according to causative instrument.

	Bruises				Total	
	Positive		Negative			
	No	%	No	%	No	%
Blunt object						
Positive	252	97.7	81	74.3	333	90.7
Negative	6	2.3	28	25.7	34	9.3
$\chi^2 = 49.754$	$p = .000$					
Pointed object						
Positive	9	3.5	8	7.3	17	4.6
Negative	249	96.5	101	92.7	350	95.4
$\chi^2 = 2.573$	$p = .094$					
Stick						
Positive	35	13.6	0	0.0	35	9.5
Negative	223	86.4	109	100.0	332	90.5
$\chi^2 = 16.346$	$p = .000$					
Handcuff						
Positive	36	14.0	32	29.4	68	18.5
Negative	222	86.0	77	70.6	299	81.5
$\chi^2 = 12.045$	$p = .001$					

were affected by pointed object), bruises due to hitting with a stick were found in all cases (35 cases; 100%) & this is statistically significant and 14% of bruises cases were handcuffed (36 out of 68 cases who were handcuffed) & this is statistically significant Table 8, Fig. 7.

Regarding the relation of cut wounds to causal instrument; 88.9% of cut wounds cases were affected by sharp object; glass (16 out of 17 cases who were affected by sharp object) and 12.5% of cut wounds cases were affected by pointed object; nails projecting from a stick (3out of 17 cases who were affected by pointed object) Table 9, Fig. 8.

Regarding the relation of lacerated wounds to causal instrument; 97.7% of lacerated wounds cases were exposed to blunt trauma either non specific as wall, ground,… or specific pattern of injury as sticks or handcuffing (84 out of 333 cases who were affected by blunt trauma) & this is statistically significant, 5.8% of lacerated wounds cases were exposed to pointed object as nails projecting from a stick (5 out of 17 who were affected by pointed object), 4.7% of lacerated wounds cases were tortured using a stick (4 out of 35 cases who were tortured using a stick) and 15.1% of lacerated wounds cases were handcuffed (13out of 68 cases who were handcuffed) Table 10, Fig. 9.

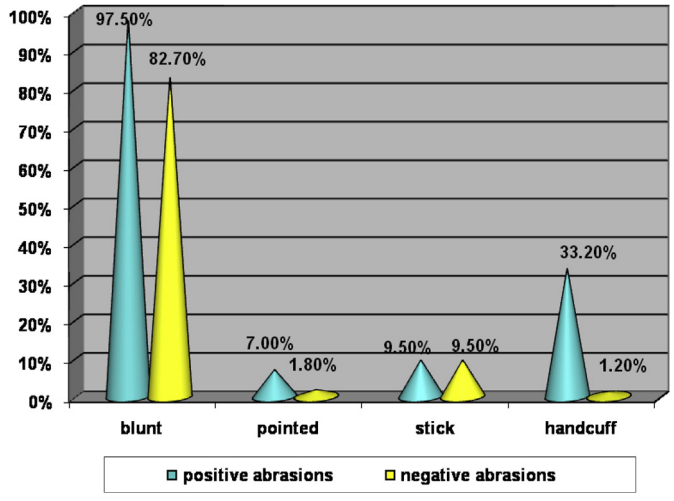

Fig. 6. Positive& negative abrasions according to causative instrument.

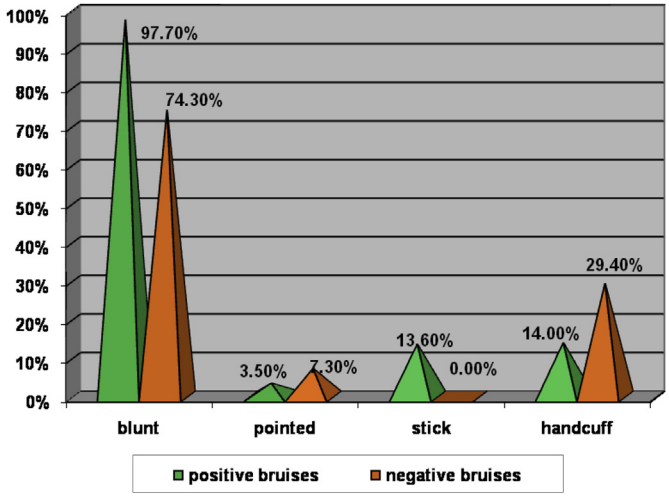

Fig. 7. Positive & negative bruises according to causative instrument.

Permanent infirmity was found in 24 cases with the mean age of 33.125 ± years while the mean age of the other free 343 cases was 30.5 ± years Table 11.

Positive sexual torture (in the form of anal penetration or external genetalia electrocution) was found in 5 male cases (100%)

Table 9
Positive & negative cut wounds according to causative instrument.

	Cut wound				Total	
	Positive		Negative			
	No	%	No	%	No	%
Sharp object						
Positive	16	88.9	1	0.3	17	4.6
Negative	2	11.1	348	99.7	350	95.4
$\chi^2 = 3.042$	$p = .000$					
Pointed object						
Positive	3	12.5	14	4	17	4.6
Negative	21	87.5	329	95.9	350	95.4
$\chi^2 = 1.799$	$p = .200$					

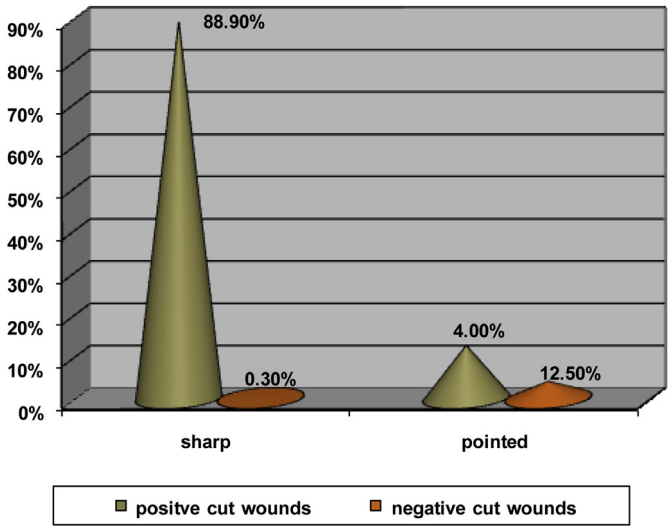

Fig. 8. Positive & negative cut wounds according to causative instrument.

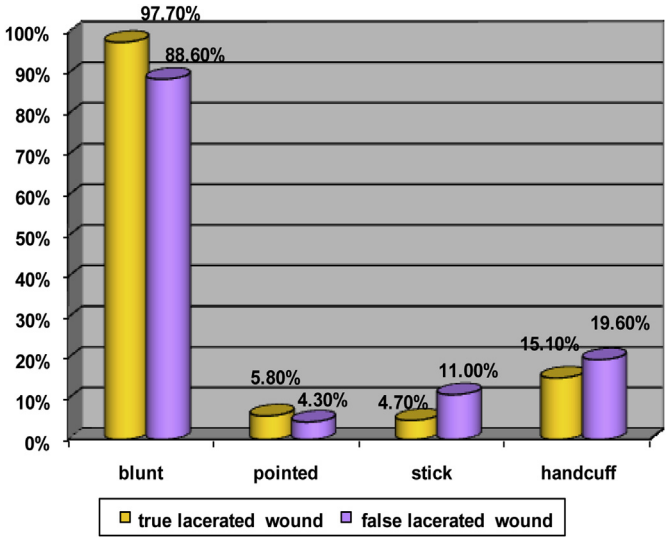

Fig. 9. Positive & negative lacerated wounds according to causative instrument.

out of 336 male cases in this study while no cases of positive sexual torture are found among the females (0%) Table 12.

5. Discussion

One of the Amnesty International reports is concerned about torture practice in Egypt, issued on the 28th of February, 2001, notes that over the two past decades (1980s, 1990s) thousands of detainees have been subjected to torture and ill-treatment in Egypt. In May 1996 the UN Committee against Torture stated that it had received information on torture allegations mainly through reports of the UN special reporter on torture, Amnesty International, and the World Organization against Torture (Organization Mondial Contre Torture, OMCT). The committee further noted that its requests to conduct a visit to Egypt had received no reply. A conclusion made by the UN special reporter is that "torture is systematically practiced by the security forces in Egypt, in particular the state security intelligence, since in spite of denials of the government, the allegations of torture submitted by reliable, nongovernmental organizations consistently indicate that reported cases of torture are seen to be habitual, widespread and deliberate in at least a considerable part of the country".

This work included detection of the prevalence of torture in Cairo during the years 2009, 2010 according to the following items: demographic data about the victims (sex, age and residence), site of lesion (upper limb, lower limp, chest, abdomen, head& neck and back), type of injury (abrasion, bruises, lacerated, cut wound, firearm, burn and electrocution), causal instrument (blunt, sharp, pointed, hot object and electric current), characteristic lesion (stick and handcuff), done investigation and left deformity or permanent infirmity. All positive physical torture cases were thoroughly reviewed from medico legal authority records. In this study, the prevalence of torture in Cairo during the years 2009 & 2010 is 10.97% of total number of cases examined at the medico legal authority of Egypt in Zenhom which is an official foundation supervised by the Egyptian ministry of justice. There can be an issue of trust for people tortured by the state and trying to report the crime to agents of the same state as this foundation is supervised by the state so it should be impartial and there should be many other trustable nongovernmental centers encouraged by the state and the society for victims rehabilitation, making annual statics and

Table 10
Positive & negative lacerated wounds according to causative instrument.

	Lacerated wound				Total	
	Positive		Negative			
	No	%	No	%	No	%
Blunt object						
Positive	84	97.7	249	88.6	333	90.7
Negative	2	2.3	32	11.4	34	9.3
$\chi^2 = 6.433$	$p = .005$					
Pointed object						
Positive	5	5.8	12	4.3	17	4.6
Negative	81	94.2	269	95.7	350	95.4
$\chi^2 = 0.355$	$p = .365$					
Stick						
Positive	4	4.7	31	11.0	35	9.5
Negative	82	95.3	250	89.0	332	90.5
$\chi^2 = 3.108$	$p = .054$					
Handcuff						
Positive	13	15.1	55	19.6	68	18.5
Negative	73	84.9	226	80.4	299	81.5
$\chi^2 = 0.866$	$p = .222$					

Table 11
Mean age for permanent infirmity.

	Permanent infirmity	N	Mean	Std. deviation	Std. error mean
Age	Positive	24	33.1250	10.05339	2.05214
	Negative	343	30.5131	8.14124	0.43959
$T = 1.495$	$p = .136$				

Table 12
Frequency of positive & negative sexual torture among males &females.

	Sexual torture				Total	
	Positive		Negative			
	No	%	No	%	No	%
Sex						
Male	5	100	331	91.4	336	91.6
Female	0	0.0	31	8.6	31	8.4
$\chi^2 = 0.468$	$p = .642$					

publishing their results. The cases are referred from the prosecution after reporting in the police station (11.29% in 2010 & 10.36% in 2009). There is no data on numbers detained as this was impossible to document at that time and was not announced. The number of cases under this study is 367 (175 cases in 2009, 192 cases in 2010). Torture is more prevalent in the year 2010 than in the year 2009. There is probable under-estimate of torture prevalence in this study as the following are excluded, those with no physical evidence, those with only psychological evidence and those with injuries that are no higher than 'consistent with'.

In accordance with this data:

- (**Karam Saber, Fatma Ramadan et al., 2004**) in their work wrote that, in a study by the Human Rights Association and Assistance for the Prisoners on the crimes of torture over 1981–1999 in which it monitored 1124 case, 1995 witnessed the largest number of crimes of torture in political cases, 185 cases (16.98%), it also confirms that Cairo has the lead record of torture victims with 302 cases (26.86%).[8]

The data about the incidents in 2000–2003 was collected by the Land Center for Human Rights (LCHR).Table 13

The increase in numbers over the second half of the 1990s might be due to the escalation of the phenomenon of terrorism and the conflict between the security forces and the militant Islamic groups in the mid 1990s.

- **(The Egyptian Organization for Human Rights, 2004)** in its 12th report stated that number of documented torture cases in Egypt is 13 victims in 2000, 14 victims in 2001,12 victims in 2002 and 45 victims in 2003.[9]
- **(Aalund et al., 1990)** wrote that over a period of 6 months in the Cathedral of Santiago de Chile, a total of 236 victims of deliberate violence were observed.[10]
- **(Muhammad Aslam Chaudhry et al., 2008)** wrote that over a period of 5 years from January 1, 1998 to December 31, 2002 in Punjab, Pakistan, 1820 patients were tortured; In 1998 (348 cases), in1999 (330 cases), in 2000 (339 cases), in 2001 (365 cases), in 2002 (438 cases).[11]
- **(Pia A Moisander & Erik Edston, 2003)** wrote that their study included 160 refugees: 16 Peruvian and 21 Ugandan subjects admitted for examination in 1993–1999, 25 Turkish subjects in 1993–2003, and 53 Bangladeshi, 24 Syrians, and 21 Iranians in 1998–2001. The selection of patients was based on the fact that these were the six largest national groups in the files of the Center for Trauma Victims in Stockholm (KTC).[12]
- **(Khurram Sohail Raja et al., 2011)** wrote that there were 300 victim in their study which was conducted on the original work and data made available from the office of District Standing Medical Board Faisalabad for the year of 2009 from 1.1.2009 to 31.12.2009.[13]

Table 13
Number of registered cases of torture in Egypt 1981–2003.

Year	No.	Year	No.
1981	109	1993	130
1982	20	1994	173
1983	3	1995	185
1984	4	1996	119
1985	1	1997	54
1986	8	1998	21
1987	24	1999	3
1988	35	2000	11
1989	56	2001	20
1990	73	2002	18
1991	50	2003	12
1992	56	**Total**	1181

In this study the largest prevalence of torture was found in the area of south Cairo (120 cases; 32.7%) while the least was found in the area of west Cairo (50 cases; 13.6%), that is in agreement with **(Muhammad Aslam, Chaudhry, et al.)** who mention that urban areas had 1152 cases (63.30%), rural areas had 668 cases (36.70%).[11]

Large prevalence of torture in popular areas in Egypt as area of south Cairo or urban areas in Pakistan may be due to over-population and the resulting increase in crime rate which lead to contact with police.

In this study the victims included 336 males (91.6%) and 31 females (8.4%) with male to female ratio 10.8: 1.

This is in agreement with **(Ole Aalund et al, 1990)** who mentioned that 82% of the victims were men, 15% women, 1.5% were boys and 1.5% girls,[10] **(Muhammad Aslam Chaudhry et al., 2008)** who mentioned that men being the main victims (91.54%),[11] **(Pia A Moisander & Erik Edston, 2003)** who mentioned that In Bangladeshi males were 94.3%, females 5.7%. In Iran males were 76.2%, females 23.8%. In Peru males were 87.5%, females 12.5%. In Syria males were 100%, females 0%. In Turkey males were 92%, females 8%. In Uganda males were 57.1%, females 42.9%[12] and **(Andrew Rasmussen et al., 2007**) who wrote that in a sample of 116 victims obtained as a representative sample of plaintiffs involved in a class-action lawsuit against the Indian Government for illegally cremating Sikhs in Punjab in the 1980s and 1990s; almost two thirds were men ($n = 72$; 62.1%).[14]

In this study, the most commonly affected age group in the studied victims was the age group of the third decade (171 cases; 46.6%) while the least was the age group above the sixth decade (6 cases; 1.6%).

These data coincide with **(Muhammad Aslam Chaudhry et al., 2008)** who mentioned that the most commonly affected age group is that of young adults, i.e. of 21–25 years (61%), followed by age groups ranging from 26 to 30 years (19%) and 16–20 years (16%),[11] **(Khurram Sohail Raja et al., 2011)** who mentioned that young adults of 21–25 years of age (33.36%)are the most commonly affected, followed by age groups from 26 to 30 (20%) and 16–20 (17%) and that the incidence of physical torture in the younger age group was found to be very low which gradually increased to the adult age and then again a decline was observed in the older age group[13] and **(Pia A Moisander & Erik Edston, 2003)** who wrote that Bangladeshi (the Mean age was 29.4 years), Syria (24 years), Turkey (25 years) and Uganda (21 years) but disagree with their results in Iran (35.5 years) and Peru (33.2 years)[12] and these data also disagree with **(Andrew Rasmussen et al., 2007**) who mentioned that the average age was 52.8 years (SD = 15.3; range = 20–85).[14]

High prevalence of torture among adult males may be due to more work outside home and more exposing to trouble as well as higher likelihood of political activism in many countries.

In this study the most commonly affected site of injury was head & neck (243 cases; 66.2%) while the least was abdomen (17 cases; 4.6%).

These data partially agree with **(Ole Aalund et al., 1990)** who mentioned that The head/neck region and the trunk were affected with equal frequency[10] and disagree with **(Muhammad Aslam Chaudhry et al., 2008)** who mentioned that lower limb 1187 cases, (34.65%), upper limb 986 cases (28.78%), that head & face 519 cases, (15.15%), chest 479 cases, (14.00%) and neck 193 cases, (05.62%) but agree with them that abdomen is the least common site as they mentioned that abdomen 062 cases, (01.80%).[11]

These results also disagree with **(Khurram Sohail Raja et al., 2011)** who mentioned that The most commonly affected site of

Table 14
Acute and chronic torture sequels in Bangladeshi, Iran, Peru, Syria, Turkey, and Uganda.

	Bangladeshi	Iran	Peru	Syria	Turkey	Uganda	All groups
Acute sequels							
Wounds	100%	100%	100%	100%	100%	100%	100%
Fractures	28.3%	61.9%	37.5%	41.7%	32%	9.5%	33.8%
Acute care	41.2%	33.3%	6.3%	16.7%	12%	0%	25%
Chronic sequels							
Headache	49.1%	52.4%	68.6%	41.7%	36%	47.6%	48.1%
Joint pain	66%	47.6%	18.8%	29.2%	36%	23.8%	43.1%
Foot pain	34%	28.6%	12.5%	29.2%	24%	23.8%	27.5%
Back pain	52.8%	33.3%	37.5%	54.2%	40%	14.3%	41.9%
GI symptoms	39.6%	28.6%	18.7%	20.8%	32%	14.3%	28.8%
UN symptoms	22.6%	19%	12.5%	16.7%	0%	9.5%	15%
ENT symptoms	34%	9.5%	0%	8.3%	8%	9.5%	16.3%

injury is lower limbs 193 cases; 35.74% followed by upper limbs 141 cases; 26.1% then chest 93 cases; 17.22% then head & face 61 cases; 11.29% then abdomen 42 cases; 7.77% and finally neck 10 cases; 1.85%.[13]

This may be due to easy accessibility for exposed head & neck and limbs which is not the same with abdomen.

In this study the most common type of injury was bruises (258 cases; 70.3%) while the least was electrocution (5 cases; 1.4%).

Regarding the causal instrument, the most commonly used instrument was blunt object (333 cases; 90.7%) while the least commonly used instrument was electric current (5 cases; 10%).

Hitting with a stick leaving the characteristic shape of elongated abrasion & bruises was found in 35 cases (9.5%) and characteristic lesion of handcuff, which is blunt trauma wounds around wrists or ankles, was found in 68 cases (18.5%).

There was one case of hair torture (0.3%) & 5 cases of sexual torture (1.5%).

These results are in coincide with **(The Human Rights Association for the Assistance of Prisoners, 2002)** which stated that in Egypt, a study conducted over the period from 1981 to 1999 showed that blunt trauma 728 cases (26.52%), and hitting with a stick in 933 cases (20.59%) but disagree with it that burn is less prevalent than electrocution as it stated that electricity was found in 389 cases (11.60%) and burns in 4 cases,[15] this study also agree with **(El Nadeem Center, 2003)** which stated that 272 victims visited the Center between 1993 and 2001 & the injuries were classified as the following; blunt trauma in 43 cases, but disagree with it that sexual torture was more prevalent than electrocution and burn as it stated that sexual abuse was recorded in 43 cases, electricity in 36 cases, burn in 11 cases and the others were exposed to psychological torture in the form of humiliations, threats, deprivation, watching torture of others and unsanitary conditions,[16] this study as well agree with **(Ole Aalund et al., 1990)** who mentioned that the most frequent type of violence was blunt violence (77%). The use of firearms was registered in 18% of the cases, and sharp instruments, combustion, electro-shock and chain in 1.4%, 1.4%, 1.1% and 0.4% of the cases, respectively,[10] this study also agree with **(Muhammad Aslam Chaudhry et al., 2008)** who mentioned that regarding pattern of injury: blunt 1431 cases 78.62%, sharp 20 cases 01.09%, pointed 00 cases 00.00% and burns 04 cases 00.21%[11] but this study partially agree with **(Pia A Moisander & Erik Edston, 2003)** who stated that in Bangladeshi blunt trauma is found in 100%, sharp in 81.6%, burn in 75.5%, stick in 43.4%, electricity 84.9% and sexual torture in 37.8%.

In Iran blunt trauma is found in 100%, sharp in 5%, burn in 38.2%, stick in 23.8%, electricity 0% and sexual torture in 14.3%.

In Peru blunt trauma is found in 100%, sharp in 25%, burn in12.6%, stick in 6.3%, electricity 25% and sexual torture in 18%.

In Syria blunt trauma is found in 100%, sharp in 27.3%, burn in 50%, stick in 45.8%, electricity 45.8% and sexual torture in 12.5%.

In Turkey blunt trauma is found in 100%, sharp in 44%, burn in 75.5%, stick in 20%, electricity 56% and sexual torture in 28%.

In Uganda blunt trauma is found in 100%, sharp in 57.1%, burn in 25%, stick in19%, electricity in 28% and sexual torture in 42.9%.

In this study, there is no sexual torture documented in females this may be due to difficulties with disclosure of this experience. These data also agree with **(Khurram Sohail Raja et al., 2011)** who stated that the most common pattern of injury is blunt trauma 280 cases; 93.32% then sharp injury 7 cases; 2.33% followed by injury with pointed object and burn each 2 cases; 0.66%. Handcuffing marks are present in 57 cases; 19% while 243 cases; 81% are free.[13] Blunt trauma is easy to be produced by hitting with hands, feet, sticks, throwing and pulling on ground. It needs no devices or facilities, fast and anyone can do so. This may be the cause of high prevalence of blunt trauma. In this study, Permanent infirmity left in victims was positive in 24 cases (6.5%) and negative in 343 cases (93.5%) while deformity left in victims was positive in 10 cases (3%) and negative in 357 cases (97%). Permanent infirmity was found in 24 male cases out of 336 male cases (100%). Permanent infirmity was caused mainly by blunt trauma; 20 cases out of 333 cases who were affected by blunt object (83.3%). Permanent infirmity was found mainly in upper limbs; 19 cases out of 187 cases (79.2%) & this is statistically significant. In accordance with this data:

- **(Pia A Moisander & Erik Edston, 2003)** divided torture sequels to acute & chronic as follows[12] Table 14 – **(Andrew Rasmussen et al., 2007)** mentioned that over one third of the sample ($n = 42$, 36.2%) reported chronic injuries resulting from these abusive experiences. The most commonly reported symptoms were musculoskeletal ($n = 30$, 25.8% of the full sample), followed by dermatological complaints ($n = 19$, 16.3%), injuries to the face or head ($n = 10$, 8.6%); and ear, eyes, nose, and throat problems ($n = 9$, 7.6%). Functional problems reported as a result of physical abuse included difficult ambulating ($n = 22$, 19.0%) and problems performing activities of daily living (e.g., cleaning oneself; $n = 11$, 9.5%).

There is tendency to use torture methods which leave no external physical effect on long run to escape penalty. This may be the cause for low prevalence of permanent infirmity. The most obvious example for that is the use of BSCT (Behavioral Scientific Consultant Team) in Guantanamo which is a medical team that measure the maximum ability of each prisoner to tolerate torture and also make special methods of psychological torture that leave no external signs.[14]

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